

Stroke Specific Quality of Life Scale (SS-QOL)

Availability:	<p>The SS-QOL is in the public domain but the following reference should be cited if the scale is used:</p> <p>Williams LS, Weinberger M, Harris LE, Clark DO, Biller J. Development of a stroke-specific quality of life scale. Stroke 1999 Jul;30(7):1362-9.</p> <p>The instrument is freely available here: PLEASE CLICK HERE FOR MORE INFORMATION</p>
Classification:	Supplemental
Short Description of Instrument:	<p>Purpose</p> <p>The SS-QOL is a patient-centered outcome measure intended to provide an assessment of health-related quality of life specific to patients with stroke. The scale domains and items were derived from a series of interviews with post-stroke patients.</p> <p>Overview</p> <p>Patients must respond to each question of the SS-QOL with reference to the past week. It is a self-report scale containing 49 items in 12 domains and subscales which include: Energy, Upper extremity function, Work/Productivity, Mood, Self-care, Social roles, Family roles, Vision, Language, Thinking and Personality.</p> <p>Time</p> <p>This scale takes approximately 10-15 minutes to complete.</p> <p>Scoring</p> <p>Items are rated on a 5-point Likert scale. There are three different response sets. Patients must respond to each item using the corresponding response set as indicated on 5 point scale.² Higher scores indicate better functioning. The SS-QOL yields both domain scores and an overall SS-QOL summary score. The domain scores are unweighted averages of the associated items while the summary score is an unweighted average of all twelve domain scores.</p>

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Short Description of Instrument:	<p>Psychometric Properties</p> <p>The SS-QOL was published and validated in 1999 by Williams, Weinberger, Harris, and Clark. One study suggests that the scale can be administered to patients with stroke reliably over the telephone.</p> <p>This scale should not be used with the following groups:</p> <p>Severe stroke populations. The SS-QOL has not yet been tested among patients with severe stroke.</p> <p>Should be used with caution in patients with aphasia. Although the modified version of the scale, the Stroke and Aphasia Quality Of Life Scale (SAQOL-39), has been validated for use in patients with long-term aphasia, it is a relatively new measure that requires further psychometric testing.</p> <p>Patients who require a proxy to complete. A study by Williams et al.⁵ compared proxy ratings of the SS-QOL to patient self administration in 225 patient-proxy pairs. Proxies rated all domains of SS-QOL lower than the patients. The intraclass correlation coefficient (ICC) for each domain ranged from poor ($r = 0.30$ for role function) to adequate ($r = 0.59$ for physical function). Proxy overall SS-QOL score was also rated lower than the patient score (3.7 versus 3.4) with an ICC of $r = 0.41$.</p> <p>Other Important Notes</p> <p>Training is not required, as the SS-QOL is intended to be self-administered.</p>
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References:	<p>1Hilari K., Byng S., Lamping D.L., & Smith S.C. (2003) The stroke and aphasia quality of life scale-39 (SAQOL-39): evaluation of acceptability, reliability and validity. <i>Stroke</i>, 34 (8), 1944-1950</p> <p>1Williams, L. S., Weinberger, M., Harris, L. E., Clark, D. O., Biller, J. (1999a). Development of a stroke-specific quality of life scale. <i>Stroke</i>, 30(7), 1362-1369.</p> <p>2Williams, L. S., Weinberger, M., Harris, L. E., Biller, J. (1999b). Measuring quality of life in a way that is meaningful to stroke patients. <i>Neurology</i>, 53, 1839-1843.</p> <p>4Williams, L. S., Redmon, G., Saul, D. C., Weinberger, M. (2000). Reliability and telephone validity of the Stroke-specific Quality of Life (SS-QOL) scale. <i>Stroke</i>, 32, 339-b.</p> <p>5Williams, L. S., Bakas, T., Brizendine, E., Plue, L., Tu, W., Hendrie, H., Kroenke, K. (2006). How valid are family proxy assessments of stroke patients' health-related quality of life? <i>Stroke</i>, 37, 2081-2085.</p>
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